

Retail sales and service businesses based outside the municipal boundaries of the City of Brighton, but selling goods and services inside the city, are required to apply for and carry a valid sales tax license. Licenses are renewed at the beginning of each even-numbered year and expire at the end of each odd-numbered year. A \$25 application fee is due at application submittal, and the \$15 licensing fee will be prorated if purchased in the middle of the licensing period. See table below for applicable fee structure.

✓	Opened after:	Total Due	✓	Opened after:	Total Due	✓	Opened after:	Total Due	✓	Opened after:	Total Due
	1/1/14	\$40.00		7/1/14	\$36.25		1/1/15	\$32.50		7/1/15	\$28.75

Questions related to sales tax returns can be directed to Kathie Karns at 303-655-2041, faxed to 303-655-3701, or via email at [kkarns@brightonco.gov](mailto:kkarns@brightonco.gov).

Please call the One-Stop Customer Service Center at 303-655-2017 for business licensing based inside the city limits.

### **BUSINESS INFORMATION**

<b>Business Name:</b> <i>Or sole proprietor name</i>			
<b>DBA:</b> <i>Doing Business As</i>			
<b>Business Address:</b> <i>No post office box please</i>	City, State	Zip	
<b>Mailing Address:</b> <i>If different than above</i>	City, State	Zip	
<b>Registered Agent:</b>			
<b>Agent Address:</b> <i>No post office box please</i>	City, State	Zip	
<b>Contact Name:</b>			
<b>Business Phone:</b>		<b>Contact Phone:</b>	
<b>Business E-mail:</b>		<b>Contact E-mail:</b>	
<b>Number of Employees:</b>		<b>Proposed Opening Date:</b>	
<b>State Sales Tax #:</b>		<b>Federal ID # or SS #:</b>	
<b>Type of Business:</b>	<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Service <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		
<b>Please choose which filing option will apply to this business:</b>		<input type="checkbox"/> Quarterly (if tax remittance is \$40 or less/month) <input type="checkbox"/> Monthly (if tax remittance is more than \$40/month)	
Please provide a general description of the proposed retail sales:			

### **OWNERS/OFFICERS** Complete the following for all owners/officers. If more than two, add additional officers to back of this form.

<b>Name:</b>		<b>Title:</b>		<b>SS #:</b>	
<b>Address:</b>		City, State	Zip	<b>Phone:</b>	
<b>Name:</b>		<b>Title:</b>		<b>SS #:</b>	
<b>Address:</b>		City, State	Zip	<b>Phone:</b>	

*I declare, under the penalty of perjury in the second degree, by signature affixed hereto, that this application is accurate to the best of my knowledge, and that these statements are made in good faith pursuant to the Colorado tax laws and regulations.*

X			
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Signature of Owner/Officer

Printed Name

Title

Date

**Additional Owners/Officers**

Name:		Title:		SS #:	
Address:		City, State Zip		Phone:	
Name:		Title:		SS #:	
Address:		City, State Zip		Phone:	
Name:		Title:		SS #:	
Address:		City, State Zip		Phone:	
Name:		Title:		SS #:	
Address:		City, State Zip		Phone:	